

Dysentery 3 Vol

#6

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March 6.

Dr.

Esq. -

Dysentery —

Thomas Page
admitted March 17. 1821

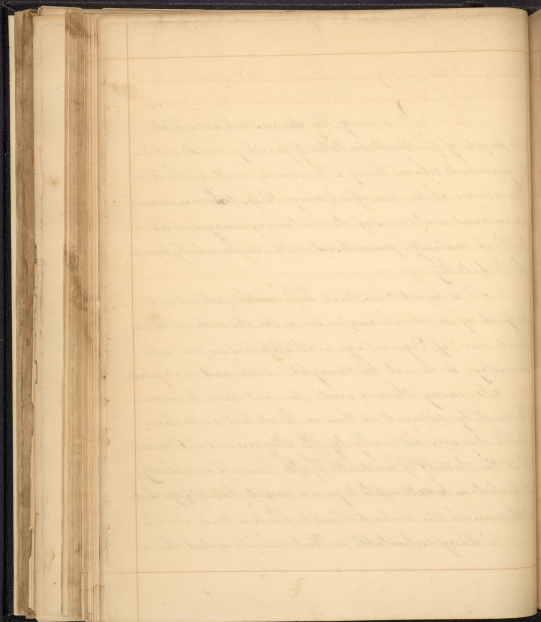
James Page
Smith's Mark 17. 1821

Among the diseases which affect the people of the United States Dysentery holds a distinguished place. Every Physician meets with it in the course of his practice, every Hospital can furnish numerous instances of its existence, every weekly bill of mortality, presents us with melancholy proofs of its fatality.

It is hoped then, that a few observations on a subject of so much importance, as the nature, cause, and cure, of Dysentery, as it appears in our own country, will not be thought irrelevant or obtuse.

So many theories and opinions have been maintained by different authors on the nature and cause of the disease, especially by the Physicians of Europe, that the student of medicine finds himself completely defeated in his attempts to gain a correct knowledge of it, or to reconcile the contradictions he finds in their works.

Many respectable writers maintain that the

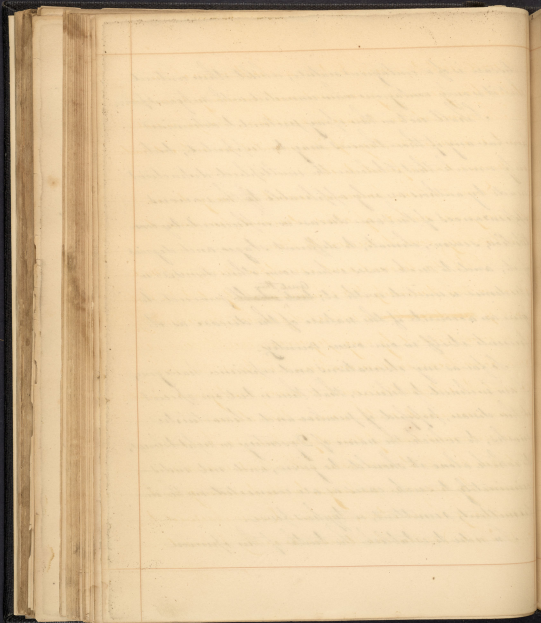


disease is of a contagious nature; whilst others contend
that it is only contagious when connected with Malignant fever.

I shall not in this essay pretend to determine
how far any of those theories may be supported, but
only remark that I believe the multiplied distinctions
made by authors are only applicable to the various
appearances of the same disease as influenced by cons-
titution, season, climate, to different stages, and degrees
of it; and to such cases where some other disorder or
epidemic is united with it; ~~but~~ ^{and they} proceed to
give an account of the nature of the disease as it
presents itself in our own country.

So far as my observations and experience have gone,
I am inclined to believe, that there is but one species
of the disease, possessed of peculiar and characteristic
marks, to which the name of Dysentery is right belongs,
to which alone it should be given; and not indist-
riminately to such cases as are connected with in-
termittent, remittent, or typhus fever.

In order to establish the truth of this opinion



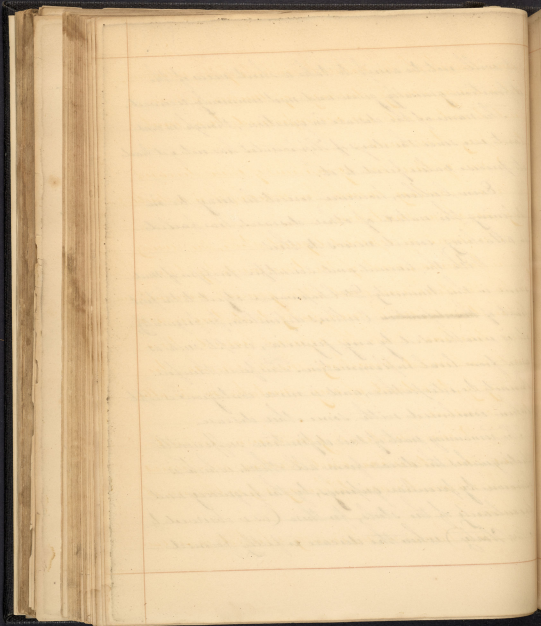
it will not be amiss to take a short view of the definition generally given and most commonly received.

The name of the disease in question, though in constant use since the days of Hippocrates has not yet had its precise value fixed to it.

Even Cullen, however correct he may be in defining the nature of other diseases, has failed in attaching correct views to this.

With the learned and scientific professors of Medicine in this University, Dr. Chapman, I object to the first part of ~~the definition~~ Cullen's definition, for frequently it is unattended by any pyrexia, except such as arise from local inflammation. The fever therefore cannot be idiopathic, and is never contagious except when combined with some other disease.

The remaining part of this definition sufficiently distinguishes the disease from all others, which is known by peculiar gripings, by the frequency and peculiarity of the stools, for these (as is observed by Mr. Nasty) when the disease is fully formed -



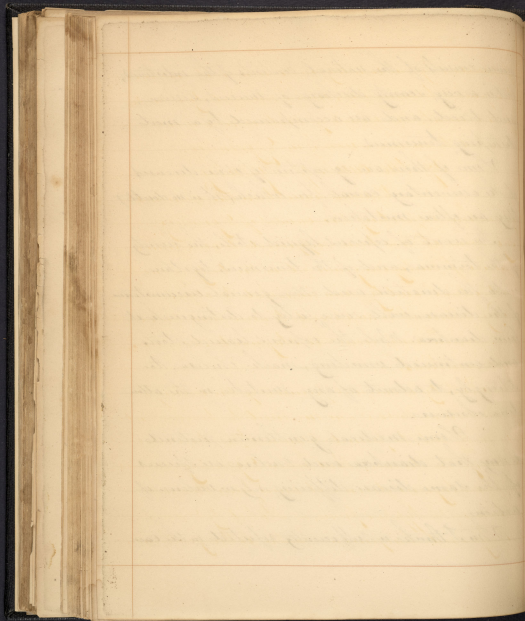
never consist of the natural contents of the intestines, but in a very scanty discharge of Mucus, serum, and blood, and are accompanied by a most distressing tenesmus.

Some of these are symptoms of other diseases of the alimentary canal, for which (it is no doubt) they are often mistaken.

The want of copious liquid stools, the severity of the tenesmus, and of the tenesmus, together with the duration and other general circumstances of the disease, will serve fully to distinguish it from diarrhoea. While the copious liquid stools and continued vomiting, mark cholera, too strongly, to admit of any mistake in the attentive observer.

Some medical gentlemen pretend to say that diarrhoea and cholera are species of the same disease differing only in violence of action.

This I think is sufficiently refuted in the case



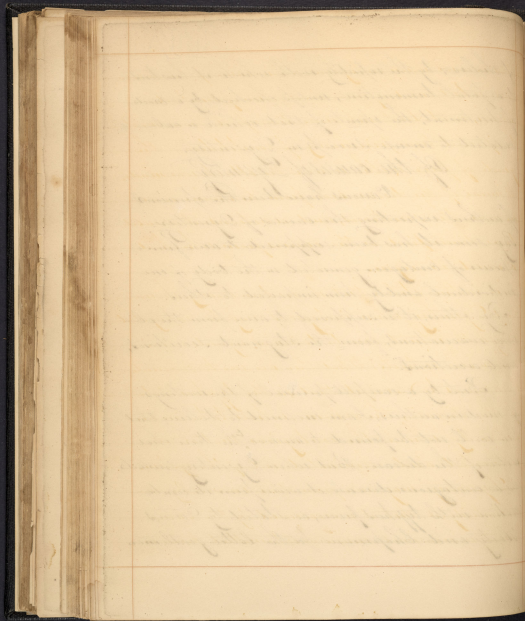
of Cholera; by the rapidity with which it hastens
to a fatal termination, unless checked by a mode
of treatment, the opiate of that which is cal-
culated to insure success in Dysentery.

Of the causes of Dysentery

Various have been the opinions
of authors respecting the causes of Dysentery.
By some it has been supposed to arise from a
species of contagion generated in the body of one
individual and by him imparted to others.

By others, it is supposed to arise from the ab-
sence of evacuations, from the stagnant secretions,
and exertions.

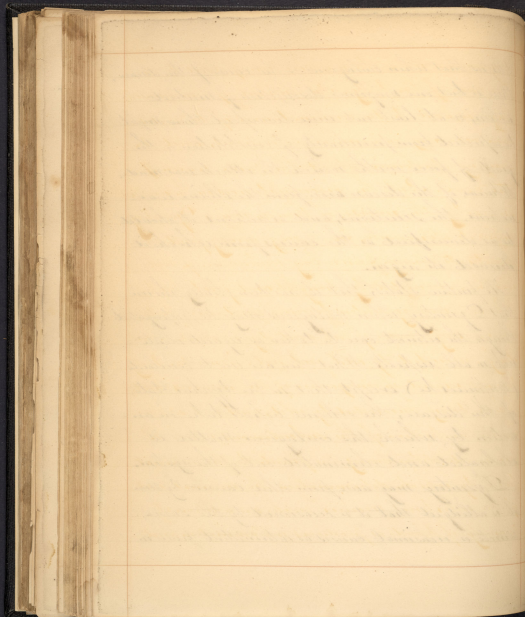
But by a careful perusal of the writings
of modern authors, I am inclined to believe that
this will not be found to answer, the true char-
acter of the disease. But when Dysentery prevails
as a contagious disease it arises from its combi-
nation with typhoid fever, as stated by Dutro,
Harty and Chapman: for the latter gentleman



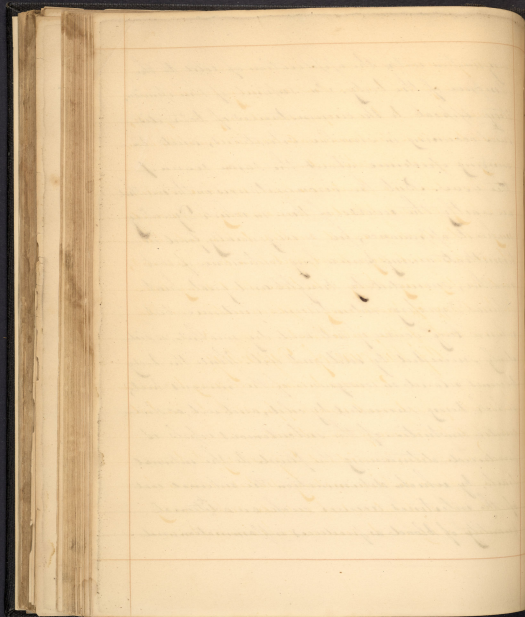
tells us that when contagion is the cause of this disease, there is but one uniform description of morbid action, or at least not more diversified than might be expected from peculiarity of constitution or the grade of force with which the attack was made. Whence, if the disease arose from the above evolutions, the secretions, and excretions, it should be as diversified as the causes from which it derived its origin.

He further states, that it has been clearly shown that Dysentery when contagious may be propagated though the utmost care be taken as regards cleanliness in all respects. What then are we to conclude (continues he) except that in the typhus state of this disease, the extreme vessels take on an action by which the contagious matter is elaborated and eliminated out of the system.

Dysentery may arise from other causes: By some it is alledged that it is occasioned by the same remote or occasional causes as intermittent fever in



conjunction with the application of cold to the
Surface of the body. In support of this opinion,
they appeal to the circumstances of both dis-
eases occurring in similar situations, and be-
coming epidemic about the same season of
the year. But the circumstances in the weather
are exactly the reverse of those in which Dysentery
makes its appearance; for, we generally find in-
termittents arising from a long continuance of wet
weather, succeeded by drought and great heat.
Whereas Dysentery seldom becomes epidemic, but
when a long course of hot, and dry weather, is suc-
ceeded by cold, and wet. Hence the body
becomes relaxed in consequence of the previous heat,
which, being succeeded by cold, and wet, a spas-
modic constriction of the subcutaneous vessels is
produced, determining the fluids to the internal
parts, by which determination the internal coat
of the intestines receives such an additional
quantity of blood, as produces inflammation and



its consequences.

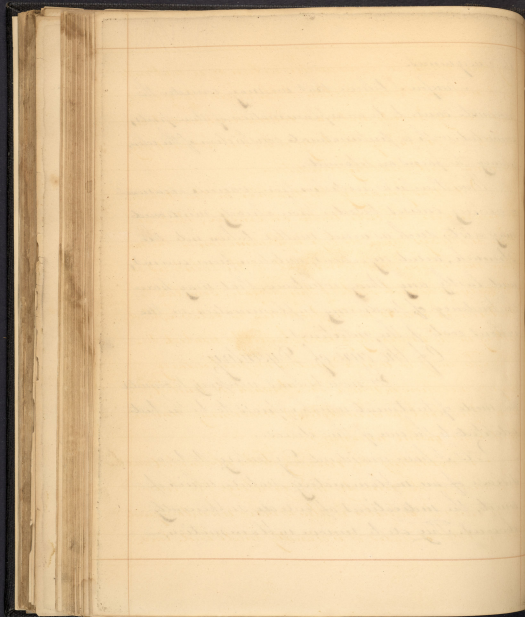
Therefore I believe that we may consider the proximate cause to be an inflammation of these parts, connected with a spasmodical contraction of the colon, whereby the faeces are retained.

When there is a predisposition, various occasional or exciting causes besides those already mentioned may exist, such as acid matter taken into the stomach, acrid injections, irritation from worms, and lastly any thing whatever, that may have the tendency of producing inflammation in the villous coat of the intestines.

Of the cure of Dysentery

It now becomes necessary to consider the mode of treatment which appears to be the best adapted to the cure of this disease.

As I have considered Dysentery to be a disease of an inflammatory nature, which if cured, the indications of cure are sufficiently obvious. They are to remove inflammation,

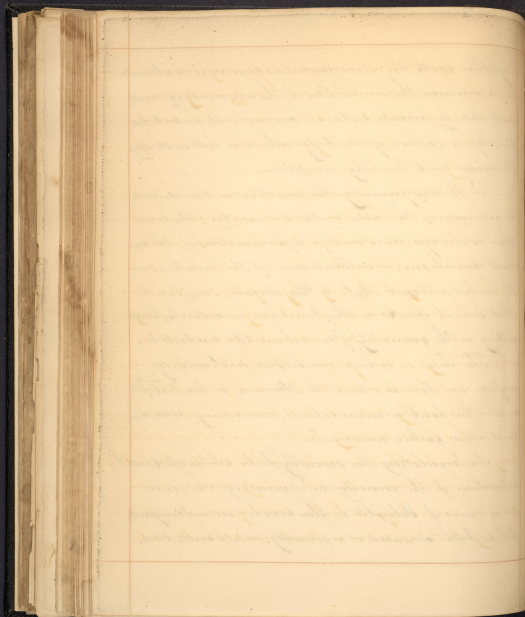


together with the spasmodic action which attends it, to remove the obstruction of the alimentary canal, and thereby procure natural evacuations; and to restore, to the surface of the body which is hot and dry, its usual and healthy condition.

It was formerly the practice in this disease, to commence the cure with an emetic; But, as there is always some or less inflammation of the mucous membrane, & villous coat of the intestines in the early, & recent state of this disease, similar to that which occurs in the bronchia in catarrh, blood letting in the generality of cases should be resorted to.

The cases in which emetics are particularly useful are those in which the stomach is loaded ^{with} with and other foul accumulations, occasioning nausea and other gastric uneasiness.

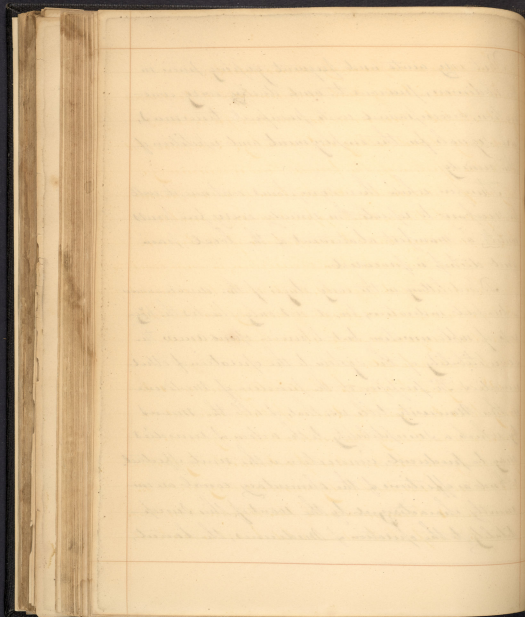
In regulating the quantity ^{of Urine} to be abstracted and the repetition of the remedy in Dysentery, the pulse as in cases of Dysentery is often a very uncertain guide; for, in both diseases, it is generally small and low.



But very acute and frequent gasping pain in the abdomen, previous to, and during every evacuation, accompanied with painful tenesmus, are signals for the employment and repetition of this remedy.

Therefore while these symptoms continue, it will be necessary to repeat this remedy every few hours until a manifest abatement of the local pain and distress is procured.

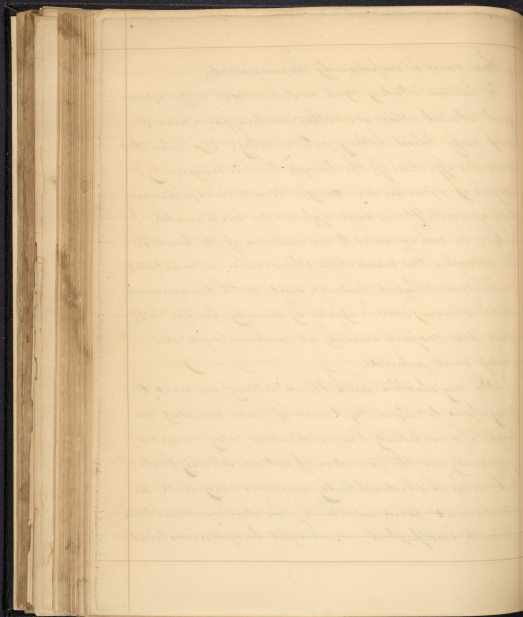
Debauching in the early stages of this disease is a twofold indication; for, it not only checks the progress of inflammation but likewise opens anew the susceptibility of the system to the operation of other remedies. The professor of the practice of Medicine in this University tells us, that, of all the means by which a susceptibility to the action of remedies may be produced, venesection is the most effectual. And as affections of the alimentary canal are essentially characterized by the want of this susceptibility to the operation of Medicines; the lancet,



in these cases is imperiously demanded;

He further states; that, independent of the reasons just stated, there is another motive for copious and early blood-letting in Dysentery. In connection with the affection of the bowels, there is commonly a degree of Spasmodic constriction which is productive of acute pain, and opposes an insuperable barrier in many cases to evacuation of the bowels. To overcome this constriction venesection, in some cases, possesses unrivalled power, and with the removal of the spasm, serves also as a remedy for the hot and dry surface which it exchanges for one moist and relaxed.

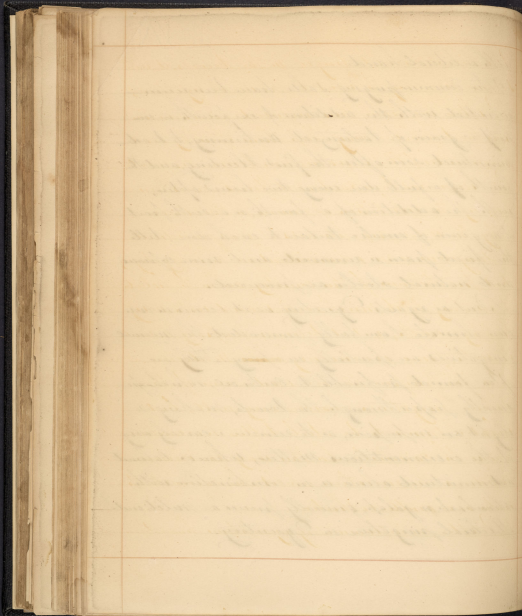
In conjunction with blood-letting we resort to purgatives to clear the bowels of their vitiated contents. In fulfilling this indication physicians are generally in the practice of administering Castor-oil, which undoubtedly answers very well in the liquid form in which this disease sometimes presents itself; but it should be administered



with a liberal hand.

The common purging salts, have been recommended with the addition of one fourth, or one half a grain of tartarized Antimony, to be administered soon after the first bleeding, and the fourth of a full dose every two hours after, with the addition of a fourth, or a sixth part of a grain of emetic tartar to each dose, till the first pain is removed, and more copious and natural stools are procured.

But as regards Dysentery as it occurs in our own climate I am fully persuaded the Mucine purgatives are essentially necessary. They are often found preferable to castor oil, which frequently passes through the bowels, making a slight impression, or to remove scarcely any of the acrimonious matter, whereas Calomel administered alone or in combination with rhubarb or jalap, generally proves a most effectual purgative in Dysentery.



In case it should linger in the bowels, it will become necessary to resort to the use of injections.

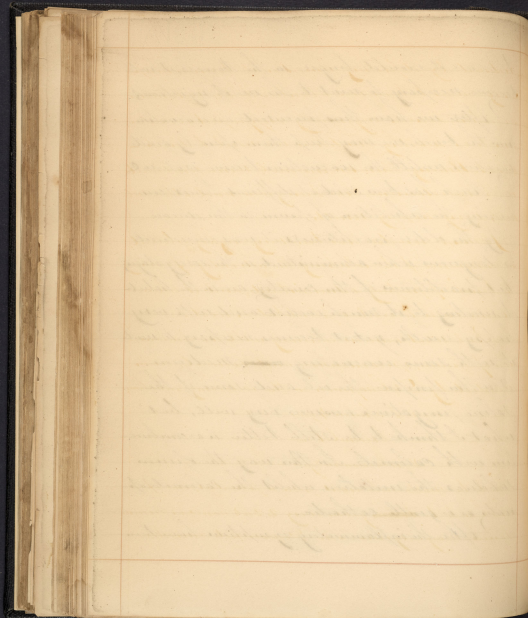
After we have thus procured an evacuation from the bowels, we may keep them open, by gentle laxatives until the evacuations become natural.

Much has been said at different times, concerning the abolition of opium in this disease.

By the older practitioners it was considered as dangerous when administered in the early stages, but practitioners of this country, are in the habit of resorting to it much earlier and with very happy results, yet it becomes necessary to unite it with some evacuating ~~and~~ medicine.

For this purpose the oil and some of the saline purgatives answer very well, but what I think to be still better is a combination with calomel. In this way the opium subdues the irritation, whilst the calomel operates as a gentle cathartic.

After the inflammatory symptoms have been



reduced by depleting remedies, it becomes necessary for us to turn our attention to the cutaneous secretion, which is generally suppressed. To restore this to its healthy condition we resort to diaphoretics. Among these antimonial wine combined with laudanum, has been given, and attended with very happy results.

Starna's powder has been very highly extolled, in consequence of its, preserving the advantage of cleaning the bowels of properly administered, and it likewise seldom fails to excite a plentiful sweat.

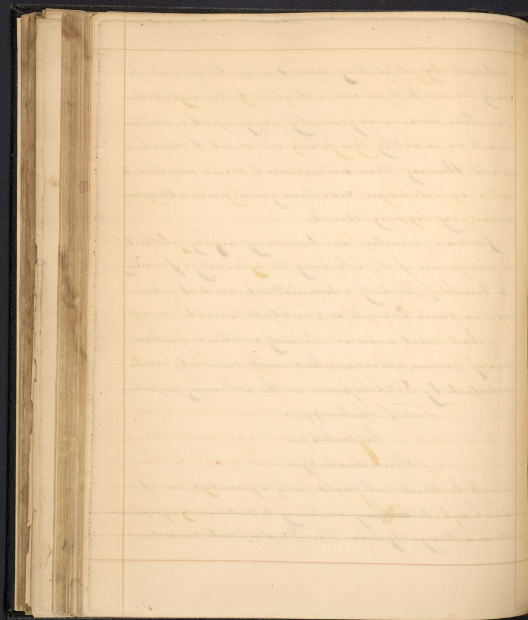
But what answers extremely well is a combination of opium, spicacuanha, and calomel, recommended by Dr. Chapman in the following proportion.

Take of Opium ʒij

Calomel ʒij

Spicacuanha ʒij

To be made into eight pills a powder, one of which is to be ~~given~~ given every 2, 3 or hours as circumstances may require. The Dr. does not consider

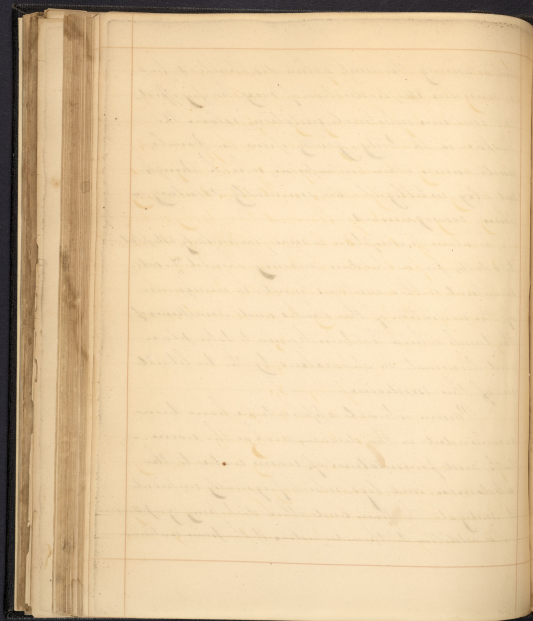


this, as among the most active diaphoretics, but
he considers it productive of very happy effects.

It causes intestinal irritation, relaxes the
surface of the body, gently opens the bowels,
and causes other insipidities, which though
not very intelligible, are eminently salutary in
these consequences.

The above prescription is more particularly adapted
to adults, for in children mercury should be ad-
ministered with a cautious hand, in consequence
of the ulceration of the chube and sometimes of
the tonsils which has been known to take place
and terminate in aphacous by the too liberal
use of this medicine.

Various external applications have been
recommended in this disease, such as the warm
bath, and fomentations of warm water to the
abdomen, and legs, which frequently contribute
to mitigate the pain and other distressing symptoms.
In addition to these remedies if the pain continues



obstinate, the application of cups, leeches, and, more especially blisters, to the abdomen, and inside of the thighs, will be found highly useful.

To relieve those disagreeable local affections, mucilaginous injections, will often be necessary.

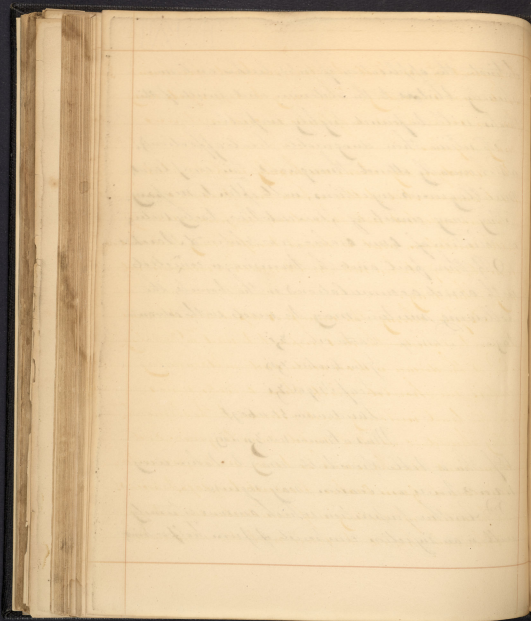
They may consist of flaxseed tea, barley water, or solution of Gum arabic, or solution of Starch.

If these fail and the fermentation is connected with a viscid accumulation in the bowels, the following mixture may be used with advantage.

Tann of Castor oil ℥ij
Gum arabic ℥ij
Loaf Sugar ℥ij
Saudanum ʒi or ʒj
Mint or Peppermint ʒij or ʒij

Of this a table spoonfull may be taken every 1, 2, or 3 hours as occasion may require.

Another preparation which answers extremely well is an injection composed of four half pints



to a pint of melted butter, or lard, free from
salt and rancidity. This may be repeated every
three or four hours, or oftener as circumstances
may require.

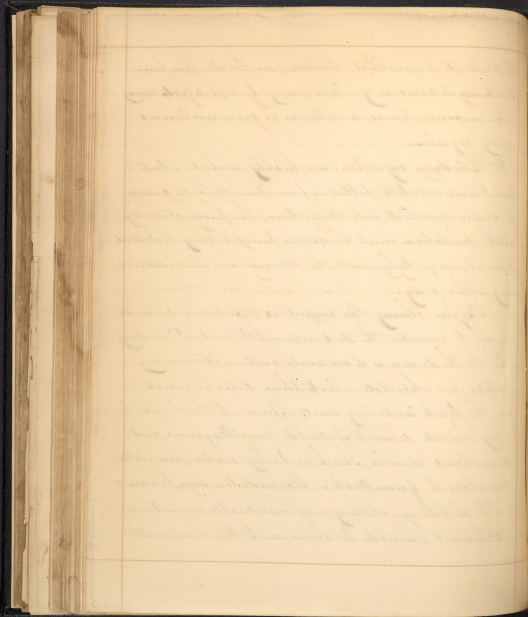
Emollient injections are highly useful, but
what answers still better, is from three to four grains
of opium inserted into the rectum, this produces very
little irritation, and as much benefit may be derived
from it, as if taken into the stomach or administered
any other way.

Before closing this imperfect dissertation, it remains
for me, to consider the diet proper to be used in Dysentery.

As the disease is of an acute, and inflammatory
nature we should select those articles, which
are the least irritating and offensive to the stomach.
They should consist of mild, mucilaginous, and
demulcent drinks, such as barley water, rice water,
mucilage of gum Arabic, flaxseed tea, sago, &c.

The article of clothing is of considerable importance.

It should be worn next the skin, with



the addition of a soft paper several times around
the ~~body~~ abdomen with some degree of tightness.

This promotes perspiration, and gives support
to the weakened parts.

There may be, no doubt, slight variations in
the treatment of this disease as adapted by different
practitioners. The pathology however, being established,
and the indications made certain, little needs to
be said in apology for not having swelled the
number of pages in this dissertation.

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